

AUXILIARY COMMUNICATIONS SERVICE GOVERNOR'S OFFICE OF EMERGENCY SERVICES

NAME (Print) _____ SKILLS AND INTERESTS

EMERGENCY COMMUNICATION OPERATIONS

Please circle one or more answers on each line to best describe your capability, interest and skills. Use additional sheets to add details as appropriate. If we left an important area out, please include that as well.

Mobile Comm Vans	None	Fair	want to learn	Proficient	Expert	willing to teach
Telephone Systems	None	Fair	want to learn	Proficient	Expert	willing to teach
Computer Networks	None	Fair	want to learn	Proficient	Expert	willing to teach
Microwave Systems	None	Fair	want to learn	Proficient	Expert	willing to teach
VHF/UHF Radio Systems	None	Fair	want to learn	Proficient	Expert	willing to teach
OASIS (Satellite System)	None	Fair	want to learn	Proficient	Expert	willing to teach
SEMS	None	Fair	want to learn	Proficient	Expert	willing to teach
Incident Command System	None	Fair	want to learn	Proficient	Expert	willing to teach
MACS (multi agency)	None	Fair	want to learn	Proficient	Expert	willing to teach
FNARS HF Radio -FEMA	None	Fair	want to learn	Proficient	Expert	willing to teach
SHARES HF Radio Network	None	Fair	want to learn	Proficient	Expert	willing to teach
FAA Pilots License	No	Yes	describe			
RIMS	What?	Fair	want to learn	Proficient	Expert	willing to teach
Equipment Installation/Repair	None	Fair	want to learn	Proficient	Expert	willing to teach
Computer use skill:	None	Fair	want to learn	Proficient	Expert	willing to teach
Software experience/ability: (such as .Excel, Word)_____						
Commercial Drivers License	No	Yes	Which:	Expires when?_____		
Field Deployment (experience)	None	Yes	describe	_____		
Code 3 driver training	No	Yes	Certified?	When?	Where?_____	
Commercial Radio/TV	No	Yes	describe	_____		
Amateur Television	No	Yes	describe:	_____		
Digital radio operations	None	Fair	want to learn	Proficient	Expert	willing to teach
HF Amateur net control	None	Fair	want to learn	Proficient	Expert	willing to teach
Safety Education/Training	(As instructor)		Fair instructor	Proficient	Expert	
CDF VIP Training	No	Yes	when?	_____		
Fire Camp Experience	No	Yes	when?	Where _____		
Other operations skill/experience : _____						

Please complete page 2 also

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ADMINISTRATION, EDUCATION AND MANAGEMENT

Please circle one or more answers on each line to best describe your capability, interest and skills. Use additional sheets to add details as appropriate. If we left an important area out, please include that as well.

Administration	No!	dislike	neutral	somewhat	definite	experienced
Management of people	No!	dislike	neutral	somewhat	definite	experienced
Experience as manager:	No!	0-2 yrs	2-5 yrs	5-10 yrs	10-20 yrs	25+ yrs
Writing plans, reports, SOP	No!	dislike	neutral	definite	done it	Like It!
Taking minutes of meetings	No good	Passable	If I have to	somewhat	I'm good	Yes, Yes!
Write or draft correspondence:	No good	Passable	If I have to	OK	I'm good	Love it!
Public speaking	No!	dislike	neutral	somewhat	definite	Yes, Yes!
Demonstrations - as in equipment	No!	dislike	neutral	somewhat	definite	Yes, Yes!
Public relations	No!	dislike	neutral	somewhat	definite	Yes, Yes!
Clerical, general	None	some	willing	good	like it!	Yes, Yes!
Records maintenance	None	some	willing	good	like it!	Yes, Yes!
Plan writing, development	None	some	willing	good	like it!	Yes, Yes!
Teaching	None	some	good	very good	like it!	Yes, Yes!

Please summarize your interest in:

Program management _____

Emergency operations _____

Program training: _____

Program development _____

Program Education _____

Other aspects _____

Occupational background and current employer

Previous volunteer activities _____

Committees and other organizations to which you are obligated beyond employment listed above

Date _____

Signature _____